



REQUEST FOR ADMINISTRATIVE REVIEW

IMPORTANT NOTICE: This review must be requested within 21 calendar days of the date the citation was issued or 14 calendar days from the mailing of the Courtesy Notification of Parking Violation or you forfeit your right to appeal the citation.

Today's Date _____ Citation Number _____ License Plate Number _____

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

REASON FOR REQUESTING REVIEW:

This review will be based on the information provided. Information provided at a later date will **NOT** be considered. Attach or include all photos, diagrams, copies of permits, placards, etc. Please explain your reason for believing this citation was issued in error.

Signature _____ Date _____

Note: Once your Request for Review is received, your citation will be placed on "HOLD" and will remain at the original fine until the decision has been made. Within 4 weeks after receipt of the Request for Review, written notification of the decision will be forwarded to the mailing address indicated on the form.

INTERNAL USE ONLY

Administrative Review Decision

_____ Citation is upheld

_____ Citation has been dismissed

Comments:

Signature _____ Date _____